STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967779	**11/14/2017**
NAME OF PROVIDER OR SUPPLIER **RAINBOW GARDENS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2310 WHITEWOOD AVENUE** **SPRING HILL, FL 34609**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unanounced biennial licensure survey was conducted on 11/14/2017, at Rainbow Gardens Assisted Living (License #11785), Spring Hill, Florida. No deficient practice was identified at the time of the survey.